

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		04780-01
O.I.P.E. CLASSIFIER	KW	32	5/10
FORMALITY REVIEW	Z.	TC 873	06-06-01
RESPONSE FORMALITY REVIEW			

TC 3873

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date	
1	✓	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 ✓ 46 ✓ 47 48 49 50		

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If more than 150 claims or 10 actions  
staple additional sheet here

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